MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/541556 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51							
2		/		/			52							
3		2		2			53							
4	/		/				54							
5				/			55							
6		⊘		2			56							
7		⊘		⊘			57							
8		⊘		⊘			58							
9		⊘		⊘			59							
10		⊘		⊘			60							
11		⊘		⊘			61							
12							62							
13							63							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.			↓		↓		↓
TOTAL DEP.	10	←	16	←		←	TOTAL DEP.			←		←		←
TOTAL CLAIMS	12		18				TOTAL CLAIMS							

PTO-1360 (REV. 9-83)

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